



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

Children's Dental Services

Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 6 months	
Fluoride treatments (including fluoride varnishes)	X			1 x 6 months	To age 21 when provided by a dentist. To age 3 when provided by a physician.
Sealants (list any tooth-specific limits)	X				Permanent first and second molars for children under 18
Space maintainers	X				



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Dental examinations						
	X				No more than 1 exam every 180 days	dental screening - birth through the age of two years; dental examinations start from 2 years old
X-Rays						
Bitewing	X				Presence of erupted permanent second molars; allowed at six-month intervals	
Full Mouth	X			1 x every 5 years	PA is required if needed more frequently	



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
Panoramic	X				Permitted for children six years of age and older; if under six years old, prior authorization must be obtained; if repeated more frequently than once every five years, prior authorization must be obtained; minimum of five years must elapse between the provision of panoramic radiographs and a complete series of radiographs, unless prior authorization is obtained	



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				No more than three restorations per tooth	
Tooth colored composite	X				No more than three restorations per tooth	
Crowns/tooth caps						
Stainless steel crowns	X				Prefabricated stainless steel crowns with resin window shall be covered for anterior teeth only	
Metal (only) crowns			X			
Metal/porcelain crowns		X			Prior authorization is required for porcelain fused to noble metal crowns	
Porcelain (only) crowns			X			
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	X					



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Gum (periodontal) therapy						
		X			Prior authorization is required for gingivectomy and gingivoplasty services	
Dentures						
Partial dentures		X			All partial dentures must be prior-authorized; Partial dentures cannot be replaced, remade, or exchanged for complete dentures for a minimum period of eight years	
Complete dentures		X			All dentures must be prior authorized; Denture, complete, partial, or combination thereof, shall not be replaced or remade within eight years	
Bridges			X			
Orthodontics*						
Retainers (orthodontic)		X				



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Braces		X			Only one course of orthodontic treatment per consumer, per lifetime is covered. Payment for active treatment will be made for a maximum of eight quarters	Prior authorization is required on all tooth guidance appliances to control harmful habits including, but not limited to, thumb- and finger-sucking, tongue-thrusting, and bruxism. Criteria for braces: Severely handicapping orthodontic condition
Oral surgery						
Simple extractions	X					
Surgical extractions		X			Impacted molar (less third molar) soft tissue requires PA; PA is required for all completely bony impactions including a radiograph of the impaction	



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Care of abscesses		X			Coverage of incision and drainage of abscesses is on a by-report basis requiring submission of radiographs of the area and detailed explanation of findings and treatment	
Cleft palate treatment	X					
Cancer treatment		X			Coverage of removal of cysts or tumors is on a by-report basis. Submission of radiographs of the area and detailed explanation of findings and treatment are required for authorization	
Treatment of fractures	X					
Biopsies	X					
Treatment of jaw joint problems (TMJ)						
	X				All treatment for temporomandibular therapy/treatment requires Prior authorization.	Medical need based on report of clinical findings, radiographs and diagnostic casts.



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Emergency room services provided by a dentist						
	X					The service was an emergency dental procedure performed in the emergency room.



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Inpatient Hospital Services						
		X			All elective inpatient hospital admissions require preadmission certification	The nature of the surgery or the condition of the patient precludes performing the procedure in the dentist's office or other nonhospital outpatient setting and the inpatient or outpatient service is a medicaid covered service



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Ohio, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Anesthesia						
General anesthesia	X					Covered for surgical and restorative procedures when performed by an eligible provider
Intravenous conscious sedation	X				Not separately reimbursed.	
Non-intravenous conscious sedation	X				Not separately reimbursed.	
Analgesia (nitrous oxide)	X				Not separately reimbursed.	

* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).